## <u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07-02-10</u>	Address:	3663 us 24 E
Case #:	<u>14-40091</u>		Monticello,In
County:	White		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	<ul><li>☐ Hotel/Motel</li><li>☑ Open – No Structure</li><li>☐ Other:</li></ul>
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)    Lithium/Ammonia Reaction(s): Behind Building			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Behind Building			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
	40.74		
Yes _ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip 
This repor	t is to be faxed to the following agen	cies that serve the l	ocation:
Health Dep	tment: <u>Monticello</u> partment: <u>White</u> partion Service: <u>N/A</u>	Fax: <u>574-5</u> Fax: <u>574-5</u> Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Holeman Phone 765-567-2125			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.